

PRINTED: 11/19/2014
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/06/2014
---	--	---	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SERENITY HEART FAMILY CARE HOME # 230

230 COUNTRY TIME CIRCLE
LEICESTER, NC 28748

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on November 06, 2014 at the above referenced facility. DHSR records indicate the home was first licensed on July 23, 1996 as a Family Care Home for six Residents with no more than three who are non-ambulatory (un-able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1996 North Carolina State Building Code - Section 419.3 - Small Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. In the staff quarters there is an open	C 174		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

JHBS21

If continuation sheet 1 of 3

PRINTED: 11/19/2014
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/06/2014
---	--	---	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SERENITY HEART FAMILY CARE HOME # 230

230 COUNTRY TIME CIRCLE
LEICESTER, NC 28748

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	<p>Continued From page 1</p> <p>penetration in the ceiling where the smoke detector was moved. Have a qualified individual use an approved fire sealant to seal all open penetrations. Provide photos of the completed repair and any receipts or invoices concerning this repair to the DHSR Construction Section.</p> <p>2. The grease filter is missing from the kitchen exhaust hood. Replace the missing filter and provide the DHSR Construction section with photos of the completed repair and any receipts or invoices concerning this repair to the DHSR Construction Section.</p> <p>3. The roof is missing shingles. Have a licensed roofing contractor repair the roof. Provide photos of the completed repair and any receipts or invoices concerning this repair to the DHSR Construction Section.</p> <p>4. The screen from one of the resident bedrooms has been removed and is leaning against the building. Install the window screen and replace any damaged screens as necessary. Provide photos of the completed repair and any receipts or invoices concerning this repair to the DHSR Construction Section.</p> <p>5. There is a major lint build up behind the dryer creating a potential fire hazard. Clean all lint and debris from behind the dryer and provide photos of the completed repair and any receipts or invoices concerning this repair to the DHSR Construction Section.</p> <p>6. The pressure relief valves on both hot water heaters are not piped to less than 6 inches from the floor. Have a qualified individual install pressure relief piping using copper or cpvc pipe to 6 inches or less from the floor. Provide photos of</p>	C 174		

Division of Health Service Regulation
STATE FORM

JHBS21

If continuation sheet 2 of 3

PRINTED: 11/18/2014
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 11/06/2014
NAME OF PROVIDER OR SUPPLIER SERENITY HEART FAMILY CARE HOME # 230			STREET ADDRESS, CITY, STATE, ZIP CODE 230 COUNTRY TIME CIRCLE LEICESTER, NC 28748		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
C 174	Continued From page 2 the completed repair and any receipts or invoices concerning this repair to the DHSR Construction Section. 7. The hot water heater on the left in the pantry is missing the thermostat cover. Have a qualified individual replace the thermostat cover. Provide photos of the completed repair and any receipts or invoices concerning this repair to the DHSR Construction Section. 8. The flange on the hot water heater pressure relief valve in the laundry room on the right has pulled away from the tank. Push the flange back into the tank so it is flush to the tank as it was designed. Provide photos of the completed repair and any receipts or invoices concerning this repair to the DHSR Construction Section.	C 174			
C 130	Bathroom-Ventilated IV. The Building C. Physical Environment (10 NCAC 42C .2201) 5. Bathroom (10 NCAC 42C .2206) h. The bathroom must be lighted to provide 30 foot candles of light at floor level and ventilated at the rate of 2 cubic feet per minute for each square foot of floor area. This Rule is not met as evidenced by: The ventilation fans in the three resident bathrooms are not working. Have a qualified individual repair or replace the ventilation fans. Submit copies of all invoices, receipts, and work orders concerning this repair to the DHSR Construction Section.	C 130			

Serenity Heart Family Care Homes, LLC

CAR for Construction 230

In ref to NCAC 10 13G.0300/0.0317 Building/Building Service Equipment:

- 1) A service call to Asheville Security was placed on 11/07/2014 for replacing the missing smoke detector. A representative came out on 11/17/015 replace the smoke detector.
- 2) The Grease Filter was replaced on 11/07/14
- 3) The Shingles will be repaired by 5/07/15
- 4) The screen on resident bedroom window was replaced on 11/07/14
- 5) The lint from the laundry room removed on 11/06/2014
- 6) The thermostat cover was replaced on 11/06/2014
- 7) The pressure relief valve on the hot water heaters will be done by 05/07/15
- 8) The flange on the pressure valve was fixed on 11/07/14
- 9) The ventilation fans in the restrooms will be done by 02/01/15